

**A RESOLUTION BY  
FINANCE/EXECUTIVE COMMITTEE**

**A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO REFUND SIXTEEN THOUSAND NINE HUNDRED SIXTY THREE DOLLARS AND FIFTY FIVE CENTS (\$16,963.55) TO ASCEND JOINT VENTURE, LLC FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES TO THE CITY OF ATLANTA. ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FDOA 1001 (General Fund) 200301 (Dept. NDP Unallocated –Citywide Employee Expenses) 5730012 (Account Refunds) 1540000 (Function Activity-Human Resources); AND FOR OTHER PURPOSES.**

**WHEREAS**, the City of Atlanta is authorized to collect business license fees on businesses doing business within the jurisdiction of the City of Atlanta; and

**WHEREAS**, Ascend Joint Venture, LLC, located at 1888 Emery Street NE, Atlanta, Georgia erroneously overstated gross receipts that were to be allocated to subcontractors to the City of Atlanta Office of Revenue for business tax calculation purposes for the tax years of 2006, 2007, 2008, and 2009 resulting in a tax overpayment and is now due a tax refund in the amount of sixteen thousand nine hundred sixty three dollars and fifty five cents (\$16,963.55); and

**WHEREAS**, Ascend Joint Venture, LLC has requested a refund for overpayment of business license fees; and

**WHEREAS**, the Office of Revenue has received proper and adequate documentation to verify the occurrences of overpayment by Ascend Joint Venture, LLC and

**WHEREAS**, the Office of Revenue has determined that Ascend Joint Venture, LLC is entitled to a refund in the amount of sixteen thousand nine hundred sixty three dollars and fifty five cents (\$16,963.55) for overpayment of business license fees; and

**WHEREAS**, all refunds in excess of five thousand dollars (\$5,000.00) require adoption and approval by the City of Atlanta City Council and the Mayor before any funds can be disbursed;

**NOW THEREFORE BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA AS FOLLOWS:**

**SECTION 1:** The Chief Financial Officer is hereby directed to issue a refund to Ascend Joint Venture, LLC in the amount of sixteen thousand nine hundred sixty three dollars and fifty five cents (\$16,963.55) which represents the amount of overpayment.

**SECTION 2:** All funds shall be charged to and paid from Fund, Department Organization Account Number 1001 (General Fund) 20031 (Dept NDP Unallocated-Citywide Employee Expenses) 5730012 (Account Refunds) 1540000 (Function Activity Human Resources) sixteen thousand nine hundred sixty three dollars and fifty five cents (\$16,963.55).

**SECTION 3:** That all resolutions and parts of resolutions in conflict herewith and the same are hereby repealed.

**Part II: Legislative White Paper:** (This portion of the Legislative Request Form will be shared with City Council members and staff)

**A. To be completed by Legislative Counsel:**

**Committee of Purview: FINANCE EXECUTIVE**

**Caption: A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO REFUND sixteen thousand nine hundred sixty three dollars and fifty five cents (\$16,963.55) TO Ascend Joint Venture, LLC FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES TO THE CITY OF ATLANTA**

**Council Meeting Date: 2-1-10**

**Requesting Dept.: FINANCE**

**B. To be completed by the department :**

**1. Please provide a summary of the purpose of this legislation (Justification Statement).**

***Example: The purpose of this legislation is to anticipate funds from a local assistance grant to purchase child safety seats.***

The purpose of this legislation is to refund overpayment of Business License Fees .

**2. Please provide background information regarding this legislation.**

***Example: The task force of homelessness conducted a study regarding homelessness, its impact and consequences on the City. This resolution reflects the Mayor's desire to open a twenty-four hour center that will respond to the needs of the homelessness in Atlanta.***

Ascend Joint Venture, LLC. , located at 1888 Emery Street NE , Atlanta, Georgia 30318 erroneously reported gross receipts that were to be allocated to subcontractors to the City of Atlanta Office of Revenue for business tax calculation purposes for the tax years of 2006, 2007, 2008 & 2009 resulting in an overpayment and is now due a tax refund in the amount of \$16,963.55

**3. If Applicable/Known:**

**(a) Contract Type (e.g. Professional Services, Construction Agreement, etc):**

**(b) Source Selection:**

**(c) Bids/Proposals Due:**

Georgia Form 700 (Rev. 12/07)  
Partnership Tax Return



0801701413

**MAIL TO:**  
Georgia Department of Revenue  
Processing Center  
P.O. Box 740315  
Atlanta, Georgia 30374-0315  
If Listing Credits on Schedule 2:  
Georgia Department of Revenue  
Taxpayer Services Division  
P.O. Box 49431  
Atlanta, Georgia 30359-1431

2008 (or other taxable year)

Beginning 01/01/2008, and Ending 12/31/2008

☐ Check box if you DO NOT want a booklet next year.

☒ Original Return ☐ Amended Return ☐ Final Return ☐ Change of Address ☐ Composite Return Filed

A. FEI Number <b>[REDACTED]</b>		Name <b>ASCEND JOINT VENTURE, LLC</b>		Location of Books for Audit (city & state) <b>5300 WEST CYPRESS TAMPA, FL 33607</b>	
B. Withholding Tax Numbers Payroll WH Number Nonresident WH Number		Number and Street <b>5300 WEST CYPRESS STREET SUITE 200</b>		Country Telephone Number <b>813-281-7386</b>	
C. GA. Sales Tax Reg. No.		City or Town State County <b>TAMPA, FL</b>		*County Code No. Zip Code <b>33607</b>	
D. Name & address on last year's return if different from above. If no return was filed last year, state reason.					
E. Business Code No. shown on Federal Return <b>541330</b>		F. Kind of Business <b>CONSULTING</b>		G. Basis of this return <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER	
H. Indicate latest taxable year (within last 5 years) adjusted by the IRS <b>NONE</b>		I. Number of Partners <b>4</b>		J. Do you have Nonresident Partners? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	
				K. Number of Nonresident Partners <b>0</b>	

\*See Page 5 of the instruction booklet for a list of Georgia county code numbers.

COMPUTATION OF GEORGIA NET INCOME (ROUND TO NEAREST DOLLAR)		SCHEDULE 1
1. Total Income for Georgia purposes (Line 12, Schedule 7)	▶	1. <b>-1748.</b>
2. Income allocated everywhere (Attach Schedule)	▶	2.
3. Business income subject to apportionment (Line 1 less Line 2)	▶	3. <b>-1748.</b>
4. Georgia ratio (Line 4, Schedule 6, Part 2)	▶	4. <b>1.000000</b>
5. Net business income apportioned to Georgia (Line 3 x Line 4)	▶	5. <b>-1748.</b>
6. Net income allocated to Georgia (Attach Schedule)	▶	6.
7. Total Georgia net income (Add Line 5 and Line 6)	▶	7. <b>-1748.</b>

Copy of the Federal Return and supporting Schedules must be attached. Otherwise this return shall be deemed incomplete.

DECLARATION

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Signature of Partner  
(Must be signed by partner)

Signature of preparer other than partner or member

Date

Date

## SUBTRACTIONS FROM FEDERAL TAXABLE INCOME (ROUND TO NEAREST DOLLAR)

## SCHEDULE 5

1. Interest on obligations of United States (must be reduced by direct and indirect interest expense)	1.	0.
2. Exception to intangible expenses and related interest cost	2.	0.
3. Other subtractions (Attach Schedule)	3.	0.
4. 0	4.	0.
5. 0	5.	0.
6. Total (Add Lines 1 through 5) enter here and on Line 11, Schedule 7	6.	0.

## APPORTIONMENT OF INCOME

(ROUND TO NEAREST DOLLAR)

## SCHEDULE 6

## (Part 1)

	WITHIN GEORGIA		TOTAL EVERYWHERE	
	a. Beginning of Year	b. End of Year	a. Beginning of Year	b. End of Year
1. Inventory	0.	0.	0.	0.
2. Buildings (cost)	0.	0.	0.	0.
3. Machinery & Equipment	0.	0.	0.	0.
4. Land	0.	0.	0.	0.
5. Other Tangible Assets	0.	0.	0.	0.
6. Total (Lines 1 through 5)	0.	0.	0.	0.
7. Average (Add columns a & b and divide by 2)	0.		0.	
8. Rented Property (Annual Rate x 8)	0.		0.	
9. Total Property (Add Lines 7 and 8)	0.		0.	

## (Part 2)

	a. Within Georgia	b. Everywhere	c. Do not round Column (a)/Column (b) Compute to six decimals	d. Factors See Instructions on page 4	e. Do not round Column (c) x Column (d) Georgia Factor Compute to six decimals
1. Total Property (Part 1 Line 9)	0.	0.	0.000000	0	0.000000
2. Salaries, commissions, wages & compensation			0.000000	0	0.000000
3. Gross receipts from business	3942171.	3942171.	1.000000	1	1.000000
4. Georgia ratio (Total Column e)					1.000000

## COMPUTATION OF TOTAL INCOME FOR GEORGIA PURPOSES (ROUND TO NEAREST DOLLAR)

## SCHEDULE 7

1. Ordinary income (loss)	1.	-1748.
2. Net income (loss) from rental real estate activities	2.	0.
3. a. Gross income from other rental activities	3a.	0.
b. Less expenses (attach schedule)	3b.	0.
c. Net income (loss) from other rental activities (Line 3a less Line 3b)		
4. Portfolio income (loss):		
a. Interest Income	3c.	0.
b. Dividend Income	4a.	0.
c. Royalty Income	4b.	0.
d. Net short-term capital gain (loss)	4c.	0.
e. Net long-term capital gain (loss)	4d.	0.
f. Other portfolio income (loss)	4e.	0.
5. Guaranteed payments to partners	4f.	0.
6. Net gain (loss) under Section 1231	5.	0.
7. Other Income (loss)	6.	0.
8. Total Federal income (add Lines 1 through 7)	7.	0.
9. Additions to Federal income (Schedule 4, Line 8)	8.	-1748.
10. Total (add Lines 8 and 9)	9.	0.
11. Subtractions from Federal income (Schedule 5, Line 6)	10.	-1748.
12. Total income for Georgia purposes (Line 10 less Line 11)	11.	0.
	12.	-1748.

## Other Required Federal Information

1. Salaries and wages (Form 1065, Page 1, Line 9)	1.	0.
2. Taxes and licenses (Form 1065, Page 1, Line 14)	2.	0.
3. Section 179 deduction (Form 1065, Page 3, Line 12)	3.	0.
4. Contributions (Form 1065, Page 3, Line 13a)	4.	0.
5. Investment interest expense (Form 1065, Page 3, Line 13b)	5.	0.
6. Section 59(e)(2) expenditures (Form 1065, Page 3, Line 13c)	6.	0.

City of Atlanta  
Office of Revenue  
Business Tax Division


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## REQUEST FOR REFUND

Date November 23, 2009

Account # 134374 LGB

To: Jerome Bodiford, Business Tax Manager

(Approval Initials )

From: Customer Service

Business Name Ascend Joint Venture, LLC.

Business Location 1888 Emery Street NE, Suite 300

Atlanta, Georgia 30318

Mailing Address 1888 Emery Street NE, Suite 300

Atlanta, GA 30318

Telephone (404) 425-7100

Contact Person: Thomas Gambino, PE

Reason for Request Firm is a joint venture operating with sub-contractors who are responsible individually for reporting gross receipts to be used for calculating business license taxes. Prior to allocation Ascend over reported gross receipts and remitted taxes resulting in refund due.

Refund Amount \$16,963.55

Federal Tax ID# 20-5921660

Make Disbursement Payable to Ascend Joint Venture, LLC

Atlanta, GA 30318

Submitted by: 

Date

12/3/2009

Approved by: 

Date

12/3/09

City of Atlanta  
Office of Revenue  
Business Tax Division

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**REFUND REQUEST APPROVAL**

Date November 10, 2009


Account # 000113LGB

Business Name Ascend Joint Venture, LLC.

Requested Refund Amount \$ 16,963.55

Mailing Address 1888 Emery Street NE Suite # 300  
Atlanta GA 30318

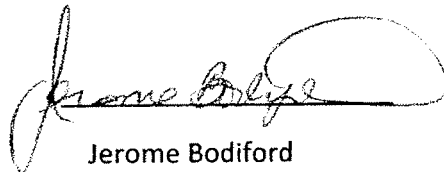
SSN/FEIN 20-5921660


Confirmed By Jerome Bodiford  (Initials)

Date November 23, 2009

Reason for Request Customer erroneously paid 2006,2007,2008 and 2009 business taxes resulting in an overpayment of license fees

Approved By

  
Jerome Bodiford

  
Gary Donaldson

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**To Be Completed by Processor**

Office of Revenue Representative \_\_\_\_\_ Date \_\_\_\_\_

Disbursement Number \_\_\_\_\_ Date \_\_\_\_\_

Completed, Copied & Filed \_\_\_\_\_

*Copies Available Upon Request Only*

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rh  
9-26-08



PBS&J • Prime Engineering  
Delon Hampton • Street Smarts

November 9, 2009

Mr. Gary Donaldson  
Chief Operating Officer  
City of Atlanta  
55 Trinity Avenue, SW  
Suite 1350  
Atlanta, GA 30303

Re: Ascend Joint Venture, LLC Refund for Overpayment of Business License Fee  
City of Atlanta Business Registration Certificate No. 134374LGB

Dear Mr. Donaldson,

Thank you for meeting with members of the Ascend Joint Venture team on November 3<sup>rd</sup> to discuss the Business Licensing fees that Ascend has paid to City of Atlanta. Per the discussion Ascend, is formally requesting a refund of \$16,963.55 for overpayment of the licensing fee and interest and penalties from 2006-2009.

Attached is a worksheet with information as distributed by Jerome Bodiford using the Business Tax Calculator. Also attached is proof of payment that Ascend remitted \$17,963.55 to the City of Atlanta in three separate payments.

Thank you for your help in resolving this matter for the Ascend Joint Venture.

Sincerely,

A handwritten signature in black ink, appearing to read "Doug Hooker", with a long, sweeping horizontal line extending to the right.

Doug Hooker

Chairman, Ascend Joint Venture, LLC

Attachment

Cc: Jerome Bodiford  
Marsha Anderson Bomar  
Tom Gambino  
Delon Hampton

# Claim Calendar

ASCEND JOINT VENTURE

YEAR	Claim Date	JAN	FEB	MAR	APR	MAY	JUN	JULY	AUG	SEPT	OCT	NOV	DEC
	Nov 9, 2009												
2009		11	10	9	8	7	6	5	**4	3	2	*1	
2008		23	22	21	20	19	18	17	**16	15	**14	13	12
2007		35	34	33	32	31	30	29	28	27	26	25	24
2006		***	***	***	***	***	***	***	***	***	***	***	36

\*Refund claim request month  
 \*\* month of Payment  
 \*\*\* Falls outside window



CITY OF ATLANTA  
DEPARTMENT OF FINANCE  
OFFICE OF REVENUE COLLECTION  
BUSINESS TAX CALCULATOR

Ascend Joint Venture, LLC		2006	2007	2008	2009	
TAX CLASS		6	6	6	6	
TAX RATE		1.65	1.65	1.65	1.65	
FLAT RATE		50.00	50.00	50.00	50.00	
REGISTRATION FEE		75.00	75.00	75.00	75.00	
EMPLOYEE RATE		15.00	15.00	15.00	15.00	
STANDARD DEDUCTION		10,000.00	10,000.00	10,000.00	10,000.00	
FTF PRE-2005 10%/2005-PRESENT \$500		-	-	-	-	
FTP (10%)		0.10	0.10	0.10	0.10	
INTEREST RATE (% OR 0.01)		0.01	0.01	0.01	0.01	
DELINQUENT CHARGE (1.50 - 3.00)		1.50	1.50	1.50	1.50	
EMPLOYEE CREDIT		1	1	1	1	
ACTUAL REVENUE						
Flat Rate Credit \$50=10,000		10,000.00	10,000.00	10,000.00	10,000.00	
Number of Employee		1	1	1	1	
Adjusted No. of Employee (\$15=1)		-	-	-	-	
Tax		125.00	125.00	6,613.08	6,613.08	
Registration Fee Credit (\$75 if Paid)		-	-	-	-	
Bill Adjustment (+/-)		-	-	-	-	
PY Unpaid Balance		-	-	-	-	
PY Payment Credit		-	-	-	-	
Adjusted Tax Due		125.00	125.00	125.00	125.00	
Failure to File Penalty-\$500 Pre-05 10%		-	-	-	-	
Failure to Pay Penalty (10%)		-	-	-	-	
Interest		-	-	-	-	
Total Amount Due		126.50	126.50	625.00	125.00	
Total Amounts Remitted				4,937.39	13,101.16	
Grand Total Due		\$1,003.00				
Grand Total Remitted		\$17,963.55				
Balance Due		-\$16,960.55				

**FAX TRANSMITTAL****PRIME**  
**ENGINEERING**  
INCORPORATED

TO:	Jamella	FROM:	Paula Morrow
COMPANY:	City of Atlanta	DATE:	8/11/08
PROJECT NAME:		PHONE #:	(404) 425-7100
PAGES:	(including cover)	FAX #:	(404) 425-7101
FAX #:	4-494-1899	PROJECT #:	

REMARKS: ☐ URGENT ☐ FOR YOUR REVIEW ☐ REPLY ASAP ☐ PLEASE  
COMMENT

Comments:

(Businesses registering by mail should allow 6-8 weeks before receiving temporary license.)

## NEW BUSINESS TAX APPLICATION

CITY OF ATLANTA, BUSINESS TAX DIVISION

35 TRINITY AVENUE, SUITE 1350, SW ATLANTA, GEORGIA 30303 • PH: 404-330-6270

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

THIS LICENSE EXPIRES IN 30 DAYS

ACCOUNT NO.	FOR CITY OF ATLANTA USE ONLY
BUSINESS TAX CLASS	STD. REG. CL. NO.
INITIALS	INITIALS

MONTH	DAY	YEAR
11	08	2008

EMPLOYEES
JV - no employees

ESTIMATED GROSS REVENUE FROM START DATE OF NEW BUSINESS TO END OF YEAR 1ST
3,000,000

RECENT LEGISLATIVE CHANGES: \$900.00 FAILURE TO FILE LATE FEE, ORD. 04-0-181R

HAVE YOU EVER OPERATED A BUSINESS IN THE CITY OF ATLANTA? YES NO

BUSINESS NAME/ORA

STREET ADDRESS (Physical Location, Apt. No., Etc.)

CITY, STATE, ZIP CODE

TELEPHONE NO. Area Code ( )

ASCEND Joint Venture, LLC

1888 Emory Street, NW, Suite 300

Atlanta, Georgia 30318

Atlanta, GA 30318

BUSINESS NAME IF DIFFERENT THAN LINE 2 (corporation name)

MAILING ADDRESS (Apt., No., Etc.)

CITY, STATE, ZIP CODE

TELEPHONE NO. Area Code ( )

Same as above

PARTNERSHIP CORP. OR LLC

RESIDENCE ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO. Area Code ( )

CIRCLE ONE SOLE OWNER OTHER

RESIDENCE ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO. Area Code ( )

OFFICER OR PARTNER

RESIDENCE ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NO. Area Code ( )

OFFICER OR PARTNER

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CITY, STATE, ZIP CODE

TELEPHONE NO. Area Code ( )

REPORT CHANGE IN LOCATION / MAILING ADDRESS PROMPTLY TO BUSINESS TAX DIVISION

THE \$75.00 REGISTRATION FEE MUST ACCOMPANY APPLICATION (GUARANTEED FUNDS ONLY). WE DO NOT PROCESS ON TUESDAYS.

• RETURN ORIGINAL TO CITY OF ATLANTA •


# PRIME ENGINEERING

1888 EMERY STREET, NW  
SUITE 300  
ATLANTA, GEORGIA 30318

United Community Bank  
Georgia 64-1284/611

04135  
CHECK DATE  
August 12, 2008

Account #: 118247LGB

 Security Check System  
For your  
Peace of mind

PAY

Two Thousand Five Hundred and 00/100 Dollars

AMOUNT

\$2,500.00

TO

City of Atlanta - Licensing Division  
City Hall South  
55 Trinity Avenue, SW  
Atlanta, GA 30303

  
AUTORIZED SIGNATURE

⑈041353⑈ ⑆061112843⑆2010102990⑈

Prime Engineering, Incorporated Atlanta, Georgia

EAILY BUSINESS FORMS R00 J02 0418 V115

04135

Invoice Number	Date	Voucher	Amount	Discounts	Previous Pay	Net Amount
Ascend - Bus License	8/12/08	1119	2,500.00	0.00	0.00	2,500.00
City of Atlanta - Licensing Division OP-PRIME 1	100253	Totals	2,500.00	0.00	0.00	2,500.00

**PRIME  
ENGINEERING**

1888 EMERY STREET, NW  
SUITE 300  
ATLANTA, GEORGIA 30318

134374  
LGB

Account #: 118247LGB

United Community Bank  
Georgia 64-1284/611

041353  
CHECK DATE  
August 12, 2008



PAY Two Thousand Five Hundred and 00/100 Dollars

AMOUNT  
\$2,500.00

TO City of Atlanta - Licensing Division  
City Hall South  
65 Trinity Avenue, SW  
Atlanta, GA 30303

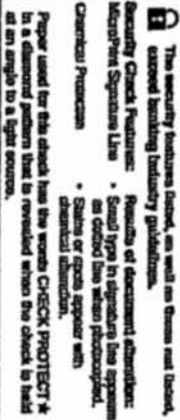
  
AUTHORIZED SIGNATURE

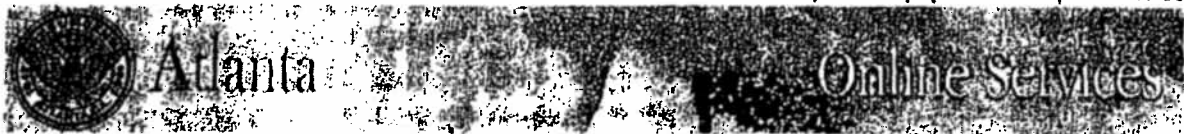
0041353 0061112843 2010102490

ENDORSE HERE

PAY TO THE ORDER OF  
ANY BANK OR FINANCIAL INSTITUTION  
AT THE END OF  
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR BANK OF AMERICA USE

FEDERAL RESERVE BOARD OF GOVERNORS REG. C.C.

  
The security features listed, as well as others not listed,  
are listed in the following table:  
Security Check Features: Results of document authentication  
MicroPrint Signature Line: Small type in signature line appears  
as dotted line when photographed.  
Chemical Protection: Stains or marks appear with  
chemical detection.  
Paper used for this check has the words CHECK PROTECT \*  
in a diamond pattern that is revealed when the check is held  
at an angle to a light source.

[Home](#) | [Site Map](#) | [Site Tools](#) | [Contact Us](#)[FAQ](#)**Transaction Complete****Contact Info**

City of Atlanta  
55 Trinity Avenue  
Suite 1350  
Atlanta, Georgia  
30303

Account Number: 134374 004  
Payment Date: 10/21/2008  
Payment Method: ACH/Checking Account  
Business Tax: \$2,362.39

Business Tax  
Customer Service  
404.330.6270

Confirmation Number: 1LVFKRAKKT

Taxpayer Information: ASCEND JOINT VENTURE,  
LLC  
1888 EMERY ST NE  
ATLANTA, GA 30318

Thank you for using the City of Atlanta's  
online payment service.

Please print a copy for your  
records.



HARBOR PAYMENTS

Official

Copyright 2003 Harbor Payments

Website for the  
City of Atlanta  
2005

[Disclaimer](#)  
[Privacy Policy](#)

TransactionComplete

Ascend

Page 1 of 1

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[FAQ](#)

### Transaction Complete

#### Contact Info

City of Atlanta  
55 Trinity Avenue  
Suite 1350  
Atlanta, Georgia  
30303

Account Number: 134374 004

Payment Date: 04/15/2009

Payment Method: ACH/Checking Account

Business Tax: \$13,101.16

Confirmation Number: CLHNKA2L90

Taxpayer Information: ASCEND JOINT VENTURE,  
LLC  
1888 EMERY ST NE  
ATLANTA, GA 30318

Business Tax  
Customer Service  
404.330.6270

Thank you for using the City of Atlanta's  
online payment service.

Please print a copy for your  
records.

[Please Print](#) [Print](#)

HARBOR PAYMENTS

Official

Copyright 2003 Harbor Payments

Website for the  
City of Atlanta  
2005

[Disclaimer](#)  
[Privacy Policy](#)

Atlanta.gov

134374004



PBS&J • Prime Engineering  
Delon Hampton • Street Smarts

October 30, 2009

Mr. Gary Donaldson  
Chief Operating Officer  
City of Atlanta  
55 Trinity Avenue, SW  
Suite 1350  
Atlanta, GA 30303

Re: Ascend Joint Venture, LLC  
City of Atlanta Business Registration Certificate No. 134374LGB

Dear Mr. Donaldson,

Thank you for agreeing to meet with members of the Ascend Joint Venture next Tuesday, November 3<sup>rd</sup> to discuss Ascend's amended application for business tax charges for 2006 – 2008. Ascend would like to file an amendment with the City of Atlanta based on our interpretation of the of following ordinances of the City of Atlanta Business License Tax Code:

1. *Business License Tax Ordinance Sec. 30-71 (b) Payment of tax; effect of transacting business when delinquent:*
  - a. We request that the penalties for the years 2006 and 2007 be removed because Ascend Joint Venture, LLC did not commence operations until January 1, 2008.
  - b. Ascend did not apply for a City of Atlanta Business License until August 2008 and therefore agrees that penalties levied for 2008, including interest should remain.
2. *Business License Tax Ordinance Sec. 30-51 (2) Gross receipts shall not include the following: d: Payments made to subcontract or an independent agent.*
  - a. We request Ascend's revenue reported for 2008 be amended from \$3,942,171.00 to \$0.00. The gross revenue number previously submitted on the business tax application included revenue earned exclusively by subcontractors working under the Ascend contract with the City of Atlanta – Department of Aviation. (The Ascend subcontractors include the four managing partner firms: PBS&J, Prime Engineering, Delon Hampton & Associates and Street Smarts). Ascend Joint Venture, LLC has no employees.

Based on our interpretation of the ordinances, we have attached an Amended Application. We look forward to discussing this matter with you in person on Tuesday. Thank you for your attention to this matter.

Sincerely,  
Doug Hooker  
Chairman of the Board  
Ascend Joint Venture, LLC

Cc: Thomas D Gambino  
Marsha Anderson Bomar  
Delon Hampton



**CITY OF ATLANTA, GEORGIA - DEPARTMENT OF FINANCE  
BUSINESS TAX REGISTRATION CERTIFICATE**

VALID ONLY WHEN REGISTRATION TAX REQUIREMENTS ARE PAID

CERTIFICATE NO.: 034242LPR

BUSINESS NAME : THOMAS D GAMING

VALID : FROM 2009-01-01 TO 2009-12-31

LOCATION : 1828 EMERY ST NW STE 300 ATLANTA GA 30318



*James W. Glass*  
James W. Glass  
Chief Financial Officer

DISPLAY THIS CERTIFICATE IN A CONSPICUOUS PLACE AT BUSINESS LOCATION  
NOT VALID IF BUSINESS LOCATION DOES NOT CONFORM TO CITY ZONING REQUIREMENTS  
NOT VALID UNLESS ACCOMPANIED BY STATE OF GEORGIA LICENSE(S) IF REQUIRED

**CERTIFICATE NOT TRANSFERABLE**

IF BUSINESS TERMINATED OR CHANGES OWNERSHIP DURING CERTIFICATE PERIOD  
CALL THE BUSINESS LICENSE OFFICE AT 404-330-6270

THIS CERTIFICATE IS SUBJECT TO ALL APPLICABLE ORDINANCES AND LAWS

BUSINESS NAME AND ADDRESS  
THOMAS D GAMING  
1828 EMERY ST NW  
STE 300  
ATLANTA GA 30318



CITY OF ATLANTA  
DEPARTMENT OF FINANCE  
LICENSE DIVISION  
55 Trinity Ave., S.W.  
Suite 1350  
Atlanta, Georgia 30335-0317  
Fax 404.658.7465

Dear

In order to correct your Business License Record, it will be necessary for you to submit an amended Application on your actual gross volume of revenue and number of employees for the period of time operated in the year in question. Use separate form for each year (limited to current year's estimate and two previous years.)

Please complete the following form in its entirety and mail to us at the above address.

An Amended Application

License Number 134374LGB year to be amended: 2008

Ascend Joint Venture, LLC 1888 Emery St., Ste 300, Atlanta, GA 30318  
Business Name Business Location Address

Dollar Volume to be amended to: \$ 0.00 .00

Employees to be amended to: 0

Give reason for this request: Ascend is a Joint Venture with four subcontractors which act as managing partners. Therefore all revenue earned on behalf of this joint venture is generated by subcontractors. Per the City of Atlanta Tax Ordinance Sec. 30-51 (2) "Gross receipts shall not include the following: d. Payments made to a subcontractor or independent agent." Ascend JV, LLC earned no revenue and had no employees in 2008.

**Mailing Address:**

Kirstin Copenhaver  
Applicant's Signature (Name)  
1888 Emery Street, NW, Suite 300, Atlanta, GA 30318  
(Street Address)

Sworn to and subscribed before me this the Atlanta GA  
30th day of Oct (City) (State)

2009  
Helen S. Moore  
Notary Public,

Current Telephone No: (770) 933-0280

Helen S Moore  
Notary Public, Cobb County, GA  
September 13, 2010

Please return to: \_\_\_\_\_  
Name

CITY OF ATLANTA  
DEPARTMENT OF FINANCE  
LICENSE DIVISION  
55 Trinity Ave., S.W.  
Suite 1350  
Atlanta, Georgia 30335-0317  
Fax 404.658.7465

Dear

In order to correct your Business License Record, it will be necessary for you to submit an amended Application on your actual gross volume of revenue and number of employees for the period of time operated in the year in question. Use separate form for each year (limited to current year's estimate and two previous years.)

Please complete the following form in its entirety and mail to us at the above address.

An Amended Application

License Number 134374LGB year to be amended: 2007

Ascend Joint Venture, LLC 1888 Emery St., Ste 300, Atlanta, GA 30318  
Business Name Business Location Address

Dollar Volume to be amended to: \$ 0.00 .00

Employees to be amended to: 0

Give reason for this request: Ascend Joint Venture, LLC did not commence operations until January 1, 2008. Ascend has no employees and did not earn any revenue in 2007.

**Mailing Address:**

Kirstin Copenhaver Kirstin Copenhaver  
Applicant's Signature (Name)  
1888 Emery Street, NW, Suite 300, Atlanta, GA 30318  
(Street Address)

Sworn to and subscribed before me this the 30th day of Oct. Atlanta GA  
(City) (State)

2009  
Helen S. Moore  
Notary Public,

Current Telephone No: (770) 933-0280

Helen S Moore  
Notary Public, Cobb County, GA  
September 13, 2010

Please return to: \_\_\_\_\_  
Name.

CITY OF ATLANTA  
DEPARTMENT OF FINANCE  
LICENSE DIVISION  
55 Trinity Ave., S.W.  
Suite 1350  
Atlanta, Georgia 30335-0317  
Fax 404.658.7465

Dear

In order to correct your Business License Record, it will be necessary for you to submit an amended Application on your actual gross volume of revenue and number of employees for the period of time operated in the year in question. Use separate form for each year (limited to current year's estimate and two previous years.)

Please complete the following form in its entirety and mail to us at the above address.

An Amended Application

License Number 134374LGB year to be amended: 2006

Ascend Joint Venture, LLC

1888 Emery St., Ste 300, Atlanta, GA 30318

Business Name

Business Location Address

Dollar Volume to be amended to: \$ 0.00 .00

Employees to be amended to: 0

Give reason for this request: Ascend Joint Venture, LLC did not commence operations until January 1, 2008. Ascend has no employees and did not earn any revenue in 2006.

**Mailing Address:**

Kirstin Copenhaver  
Applicant's Signature

Kirstin Copenhaver

(Name)

1888 Emery Street, NW, Suite 300, Atlanta, GA 30318

(Street Address)

Sworn to and subscribed before me this the 30th day of Oct. Atlanta GA  
(City) (State)

2009

Helen S. Moore

Notary Public,

Helen S Moore  
Notary Public, Cobb County, GA  
September 13, 2010

Current Telephone No: (770) 938-0280

Please return to: \_\_\_\_\_  
Name



**2008 TAX RETURN**

Form **1065****U.S. Return of Partnership Income**

OMB No. 1545-0089

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2008, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
▶ See separate instructions.**2008**

A Principal business activity

Name of partnership

D Employer identification number

**ENGINEERING**Use the  
IRS  
label.  
Other-  
wise,  
print  
or type.**ASCEND JOINT VENTURE, LLC**

Date business started

B Principal product or service

Number, street, and room or suite no. If a P.O. box, see the instructions.

**04/01/2008****CONSULTING****5300 WEST CYPRESS STREET, SUITE 200**

F Total assets (see the instructions)

C Business code number

City or town, state, and ZIP code

\$ **238,372****541330****TAMPA, FL 33607**

- G Check applicable boxes. (1) ☒ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return  
(6) ☐ Technical termination - also check (1) or (2)
- H Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶ \_\_\_\_\_
- I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **3**
- J Check if Schedule M-3 attached ☐

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a	Gross receipts or sales	1a	<b>3,942,171</b>	1c	<b>3,942,171</b>
	b	Less returns and allowances	1b			
	2	Cost of goods sold (Schedule A, line 8)			2	<b>0</b>
	3	Gross profit. Subtract line 2 from line 1c			3	<b>3,942,171</b>
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7	Other income (loss) (attach statement)			7	
8	Total income (loss). Combine lines 3 through 7			8	<b>3,942,171</b>	
Deductions (see the instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9	
	10	Guaranteed payments to partners			10	
	11	Repairs and maintenance			11	
	12	Bad debts			12	
	13	Rent			13	
	14	Taxes and licenses			14	
	15	Interest			15	
	16 a	Depreciation (if required, attach Form 4562)	16a			
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c	<b>0</b>
	17	Depletion (Do not deduct oil and gas depletion.)			17	
	18	Retirement plans, etc.			18	
	19	Employee benefit programs			19	
	20	Other deductions (attach statement)			20	<b>3,943,919</b>
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	<b>3,943,919</b>
22	Ordinary business income (loss). Subtract line 21 from line 8			22	<b>-1,748</b>	

Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager

Date **2/5/09**May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Preparer's  
Use Only

Firm's name (or yours if self-employed), address, and ZIP code

EIN ▶

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2008)

**Schedule A Cost of Goods Sold** (see the instructions)

1	Inventory at beginning of year	1	
2	Purchases less cost of items withdrawn for personal use	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	0
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	0

**9a** Check all methods used for valuing closing inventory:

- (i) ☐ Cost as described in Regulations section 1.471-3  
 (ii) ☐ Lower of cost or market as described in Regulations section 1.471-4  
 (iii) ☐ Other (specify method used and attach explanation) ▶

**b** Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) . . . . . ☐ Yes ☒ No

**c** Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . . ☐ Yes ☒ No

**d** Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? . . . . . ☐ Yes ☒ No

**e** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? . . . . . ☐ Yes ☒ No

If "Yes," attach explanation.

**Schedule B Other Information****1** What type of entity is filing this return? Check the applicable box:

- a** ☐ Domestic general partnership **b** ☐ Domestic limited partnership  
**c** ☒ Domestic limited liability company **d** ☐ Domestic limited liability partnership  
**e** ☐ Foreign partnership **f** ☐ Other ▶

**2** At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? . . . . . ☒ Yes ☐ No

**3** At the end of the tax year:

- a** Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), or trust own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below. . . . . ☒ Yes ☐ No

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

- b** Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below. . . . . ☒ Yes ☐ No

(i) Name of Individual or Estate	(ii) Social Security Number or Employer Identification Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

**4** At the end of the tax year, did the partnership:

- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below. . . . . ☒ Yes ☐ No

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock



**b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .

Yes	No
	<b>X</b>

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

<b>5</b> Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details . . . . .		<b>X</b>
<b>6</b> Does the partnership satisfy all four of the following conditions? <b>a</b> The partnership's total receipts for the tax year were less than \$250,000. <b>b</b> The partnership's total assets at the end of the tax year were less than \$1 million. <b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. <b>d</b> The partnership is not filing and is not required to file Schedule M-3 . . . . . If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		<b>X</b>
<b>7</b> Is this partnership a publicly traded partnership as defined in section 469(k)(2)? . . . . .		<b>X</b>
<b>8</b> During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .		<b>X</b>
<b>9</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .		<b>X</b>
<b>10</b> At any time during calendar year 2008, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ►		<b>X</b>
<b>11</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions . . . . .		<b>X</b>
<b>12a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? . . . . . See instructions for details regarding a section 754 election.		<b>X</b>
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		<b>X</b>
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(d) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		<b>X</b>
<b>13</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (including a disregarded entity). . . . . <input type="checkbox"/>		
<b>14</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		<b>X</b>
<b>15</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►		
<b>16</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ►		<b>X</b>
<b>17</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ►		

**Designation of Tax Matters Partner** (see the instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ►	<b>POST, BUCKLEY, SCHUB &amp; JERNIGAN, INC</b>	Identifying number of TMP ►	<b>59-0896138</b>
Address of designated TMP ►	<b>5700 WEST CYPRESS STREET, SUITE 200 TAMPA, FL 33607</b>		

**Schedule K Partners' Distributive Share Items**

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	-1,748
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	0
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Deductions	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ▶	11	
	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶	13d	
	Self-Employment	14a Net earnings (loss) from self-employment	14a
b Gross farming or fishing income		14b	
c Gross nonfarm income		14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16f.						1	-1,748
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners	-1,748						

**Schedule L Balance Sheets per Books**

		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				6,132
2a	Trade notes and accounts receivable			232,240	
b	Less allowance for bad debts		0		232,240
3	Inventories		0		0
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation		0		0
10a	Depletable assets				
b	Less accumulated depletion		0		0
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization		0		0
13	Other assets (attach statement)		0		238,372
14	Total assets				238,372
<b>Liabilities and Capital</b>					
15	Accounts payable				231,921
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				6,451
22	Total liabilities and capital		0		238,372

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	-3,549	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16f, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16f (itemize):		a Depreciation \$	
a Depreciation \$			
b Travel and entertainment \$ 1,801	1,801	8 Add lines 6 and 7	0
5 Add lines 1 through 4	-1,748	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-1,748

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year		6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-3,549		
4 Other increases (itemize):		8 Add lines 6 and 7	0
5 Add lines 1 through 4	-3,549	9 Balance at end of year. Subtract line 8 from line 5	-3,549

**GEORGIA TAX CREDITS**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 2**

These are for information purposes only and do not affect Schedules 1 or 3-7. See Pages 7 and 8 of the instructions for a list of available credits and their applicable codes. You must list the appropriate credit type code in the area provided. If you claim more than ten credits, enclose a schedule. Enter the schedule total on Line 11. List the percentage of credit claimed in the percent (%) column.

Credit Type Code	Company Name	FEIN	%	Amount of Credit
1.				1.
2.				2.
3.				3.
4.				4.
5.				5.
6.				6.
7.				7.
8.				8.
9.				9.
10.				10.
11. Enter the total from attached schedule(s)				11.
12. TOTAL ALLOWABLE GEORGIA TAX CREDITS FOR THE YEAR				12. <b>0.</b>

Attach the appropriate form or a detailed schedule for each credit claimed (See pages 7 & 8 of the instructions for additional information)

**INCOME TO PARTNERS**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 3**

(1.) Name	(3.) City, State and Zip	Profit Sharing %	Georgia Source Income
(2.) Street and Number	(4.) I.D. Number		
A 1. <b>POST BUCKLEY SCHUB&amp;JERNIGAN</b>		5. <b>40.000000</b>	6. <b>-699.</b>
2. <b>5300 WEST CYPRESS ST</b>			
3. <b>TAMPA, FL 33607</b>			
4. <b>59-0896138</b>			
B 1. <b>PRIME ENGINEERING, INC</b>		5. <b>40.000000</b>	6. <b>-699.</b>
2. <b>1888 EMERY STREET NW</b>			
3. <b>ATLANTA, GA 30318</b>			
4. <b>58-1876426</b>			
C 1. <b>DELON HAMPTON &amp; ASSOCIATES</b>		5. <b>10.000000</b>	6. <b>-175.</b>
2. <b>299 PEACHTREE STREET</b>			
3. <b>ATLANTA, GA 30303</b>			
4. <b>52-0968507</b>			
D 1. <b>STREET SMARTS, INC</b>		5. <b>10.000000</b>	6. <b>-175.</b>
2. <b>3090 PREMIER STREET</b>			
3. <b>DULUTH, GA 30097</b>			
4. <b>58-1946901</b>			
E 1.		5.	6.
2.			
3.			
4.			
<b>TOTAL</b>		<b>100.000000</b>	<b>-1748.</b>

**ADDITIONS TO FEDERAL TAXABLE INCOME**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 4**

1. State and municipal bond interest other than Georgia or political subdivision thereof	1.	<b>0.</b>
2. Net income or net profits taxes imposed by taxing jurisdictions other than Georgia	2.	<b>0.</b>
3. Expenses attributable to tax exempt income	3.	<b>0.</b>
4. Federal deduction for income attributable to domestic production activities (IRC section 199)	4.	<b>0.</b>
5. Intangible expenses and related interest costs	5.	<b>0.</b>
6. Other additions (Attach schedule)	6.	<b>0.</b>
7. <b>0</b>	7.	<b>0.</b>
8. Total (Add Lines 1 through 7) Enter here and on Line 9, Schedule 7	8.	<b>0.</b>

**Schedule K-1  
(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2008**

For calendar year 2008, or tax  
year beginning \_\_\_\_\_, 2008  
ending \_\_\_\_\_, 20\_\_

651108

Final K-1

Amended K-1

OMB No. 1545-0098

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**20-5921660**

**B** Partnership's name, address, city, state, and ZIP code

**ASCEND JOINT VENTURE, LLC  
5300 WEST CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607**

**C** IRS Center where partnership filed return

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

Partner's name, address, city, state, and ZIP code

**POST, BUCKLEY, SCHUB & JERNIGAN, INC.  
5300 WEST CYPRESS ST., SUITE 200  
TAMPA, FL 33607**

**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

**H** ☐ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner?

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	40 %	40 %
Loss	40 %	40 %
Capital	40 %	40 %

**K** Partner's share of liabilities at year end:

Nonrecourse \$ \_\_\_\_\_  
Qualified nonrecourse financing \$ \_\_\_\_\_  
Recourse \$ **92,769**

**L** Partner's capital account analysis:

Beginning capital account \$ \_\_\_\_\_  
Capital contributed during the year \$ **4,000**  
Current year increase (decrease) \$ **-699**  
Withdrawals & distributions \$ \_\_\_\_\_  
Ending capital account \$ **3,301**

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>15</b>	Credits
	<b>-699</b>		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)	<b>16</b>	Foreign transactions
<b>4</b>	Guaranteed payments		
<b>5</b>	Interest income		
<b>6a</b>	Ordinary dividends		
<b>6b</b>	Qualified dividends		
<b>7</b>	Royalties		
<b>8</b>	Net short-term capital gain (loss)		
<b>9a</b>	Net long-term capital gain (loss)	<b>17</b>	Alternative minimum tax (AMT) items
<b>9b</b>	Collectibles (28%) gain (loss)		
<b>9c</b>	Unrecaptured section 1250 gain		
<b>10</b>	Net section 1231 gain (loss)	<b>18</b>	Tax-exempt income and nondeductible expenses
<b>11</b>	Other income (loss)		
<b>12</b>	Section 179 deduction		
<b>13</b>	Other deductions		
<b>14</b>	Self-employment earnings (loss)		
		<b>19</b>	Distributions
		<b>20</b>	Other information

\*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. <b>Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.	J Work opportunity credit	Form 5884, line 3
	K Disabled access credit	See the Partner's Instructions
	L Empowerment zone and renewal community employment credit	Form 8844, line 3
	M Credit for increasing research activities	See the Partner's Instructions
	N Credit for employer social security and Medicare taxes	Form 8846, line 5
	O Backup withholding	Form 1040, line 62
	P Other credits	See the Partner's Instructions
2. <b>Net rental real estate income (loss)</b>		
3. <b>Other net rental income (loss)</b>		
4. <b>Guaranteed payments</b>		
5. <b>Interest income</b>		
6a. <b>Ordinary dividends</b>		
6b. <b>Qualified dividends</b>		
7. <b>Royalties</b>		
8. <b>Net short-term capital gain (loss)</b>		
9a. <b>Net long-term capital gain (loss)</b>		
9b. <b>Collectibles (28%) gain (loss)</b>		
9c. <b>Unrecaptured section 1250 gain</b>		
10. <b>Net section 1231 gain (loss)</b>		
11. <b>Other income (loss)</b>		
12. <b>Section 179 deduction</b>		
13. <b>Other deductions</b>		
14. <b>Self-employment earnings (loss)</b>		
15. <b>Credits</b>		
16. <b>Foreign transactions</b>		
17. <b>Alternative minimum tax (AMT) items</b>		
18. <b>Tax-exempt income and nondeductible expenses</b>		
19. <b>Distributions</b>		
20. <b>Other information</b>		

**Schedule K-1  
(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2008**

For calendar year 2008, or tax  
year beginning \_\_\_\_\_, 2008  
ending \_\_\_\_\_, 20\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

**ASCEND JOINT VENTURE, LLC  
5300 WEST CYPRESS STREET  
SUITE 200  
TAMPA, FL 33607**

C IRS Center where partnership filed return

D ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

E Partner's identifying number

F Partner's name, address, city, state, and ZIP code

**PRIME ENGINEERING, INC.  
1888 EMERY STREET, NW  
SUITE 300  
DULUTH, GA 30097-699**

G ☐ General partner or LLC  
member-manager

☒ Limited partner or other LLC  
member

H ☐ Domestic partner

☐ Foreign partner

I What type of entity is this partner? **CORPORATION**

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	40 %	40 %
Loss	40 %	40 %
Capital	40 %	40 %

K Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_  
Qualified nonrecourse financing . . . \$ \_\_\_\_\_  
Recourse . . . . . \$ **92,768**

L Partner's capital account analysis:

Beginning capital account . . . . . \$ **0**  
Capital contributed during the year . . \$ **4,000**  
Current year increase (decrease) . . . \$ **-699**  
Withdrawals & distributions . . . . . \$ \_\_\_\_\_  
Ending capital account . . . . . \$ **3,301**

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
	<b>-699</b>		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions	20	Other information
14	Self-employment earnings (loss)		

\*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

	Code	Report on
1. <b>Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.	J Work opportunity credit	Form 5884, line 3
	K Disabled access credit	See the Partner's Instructions
	L Empowerment zone and renewal community employment credit	Form 8844, line 3
	M Credit for increasing research activities	See the Partner's Instructions
	N Credit for employer social security and Medicare taxes	Form 8846, line 5
	O Backup withholding	Form 1040, line 62
	P Other credits	See the Partner's Instructions
2. <b>Net rental real estate income (loss)</b>		
3. <b>Other net rental income (loss)</b>		
4. <b>Guaranteed payments</b>		
5. <b>Interest income</b>		
6a. <b>Ordinary dividends</b>		
6b. <b>Qualified dividends</b>		
7. <b>Royalties</b>		
8. <b>Net short-term capital gain (loss)</b>		
9a. <b>Net long-term capital gain (loss)</b>		
9b. <b>Collectibles (28%) gain (loss)</b>		
9c. <b>Unrecaptured section 1250 gain</b>		
10. <b>Net section 1231 gain (loss)</b>		
11. <b>Other income (loss)</b>		
12. <b>Section 179 deduction</b>		
13. <b>Other deductions</b>		
14. <b>Self-employment earnings (loss)</b>		
15. <b>Credits</b>		
16. <b>Foreign transactions</b>		
17. <b>Alternative minimum tax (AMT) items</b>		
18. <b>Tax-exempt income and nondeductible expenses</b>		
19. <b>Distributions</b>		
20. <b>Other information</b>		



**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2008**

For calendar year 2008, or tax  
year beginning \_\_\_\_\_, 2008  
ending \_\_\_\_\_, 20\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.** ▶ See back of form and separate instructions.

651108

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0048

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**ASCEND JOINT VENTURE, LLC**  
**5300 WEST CYPRESS STREET**  
**SUITE 200**  
**TAMPA, FL 33607**

**C** IRS Center where partnership filed return

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**STREET SMARTS, INC**  
**3090 PREMIER STREET, NE**  
**SUITE 200**  
**DULUTH, GA 30097**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☐ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **CORPORATION**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	10 %	10 %
Loss	10 %	10 %
Capital	10 %	10 %

**K** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_  
Qualified nonrecourse financing . . . \$ \_\_\_\_\_  
Recourse . . . . . \$ **23,192**

**L** Partner's capital account analysis:

Beginning capital account . . . . . \$ **0**  
Capital contributed during the year . . \$ **1,000**  
Current year increase (decrease) . . . \$ **-175**  
Withdrawals & distributions . . . . . \$ \_\_\_\_\_  
Ending capital account . . . . . \$ **825**

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

For IRS Use Only

\*See attached statement for additional information.

**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2008**

For calendar year 2008, or tax  
year beginning \_\_\_\_\_, 2008  
ending \_\_\_\_\_, 20\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partner's employer identification number  
[REDACTED]  
**B** Partnership's name, address, city, state, and ZIP code

**ASCEND JOINT VENTURE, LLC**  
**5300 WEST CYPRESS STREET**  
**SUITE 200**  
**TAMPA, FL 33607**

**C** IRS Center where partnership filed return

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number  
[REDACTED]  
**F** Partner's name, address, city, state, and ZIP code

**DELOH HAMPTON & ASSOCIATES, CHARTERED**  
**299 PEACHTREE STREET, NE**  
**SUITE 1510**  
**ATLANTA, GA 30303**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☐ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **CORPORATION**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	10 %	10 %
Loss	10 %	10 %
Capital	10 %	10 %

**K** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_  
Qualified nonrecourse financing . . . \$ \_\_\_\_\_  
Recourse . . . . . \$ **23,192**

**L** Partner's capital account analysis:

Beginning capital account . . . . . \$ **0**  
Capital contributed during the year . . . \$ **1,000**  
Current year increase (decrease) . . . \$ **-175**  
Withdrawals & distributions . . . . . \$ ( )  
Ending capital account . . . . . \$ **825**

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

☐ Final K-1

☐ Amended K-1

651108  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
	<b>-175</b>		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
		19	Distributions
		20	Other information
14	Self-employment earnings (loss)		

\*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. <b>Ordinary business income (loss).</b> Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.					J Work opportunity credit K Disabled access credit L Empowerment zone and renewal community employment credit M Credit for increasing research activities N Credit for employer social security and Medicare taxes O Backup withholding P Other credits	Form 5884, line 3 See the Partner's Instructions Form 8844, line 3 See the Partner's Instructions Form 8846, line 5 Form 1040, line 62 See the Partner's Instructions	
	<i>Passive loss</i> <i>Passive income</i> <i>Nonpassive loss</i> <i>Nonpassive income</i>	See the Partner's Instructions Schedule E, line 28, column (g) Schedule E, line 28, column (h) Schedule E, line 28, column (i)					
2. <b>Net rental real estate income (loss)</b>		See the Partner's Instructions					
3. <b>Other net rental income (loss)</b>							
	<i>Net income</i> <i>Net loss</i>	Schedule E, line 28, column (g) See the Partner's Instructions					
4. <b>Guaranteed payments</b>		Schedule E, line 28, column (j)					
5. <b>Interest income</b>		Form 1040, line 8a					
6a. <b>Ordinary dividends</b>		Form 1040, line 9a					
6b. <b>Qualified dividends</b>		Form 1040, line 9b					
7. <b>Royalties</b>		Schedule E, line 4					
8. <b>Net short-term capital gain (loss)</b>		Schedule D, line 5, column (f)					
9a. <b>Net long-term capital gain (loss)</b>		Schedule D, line 12, column (f)					
9b. <b>Collectibles (28%) gain (loss)</b>		28% Rate Gain Worksheet, line 4 (Schedule D instructions)					
		See the Partner's Instructions					
9c. <b>Unrecaptured section 1250 gain</b>		See the Partner's Instructions					
10. <b>Net section 1231 gain (loss)</b>		See the Partner's Instructions					
11. <b>Other income (loss)</b>							
	<i>Code</i> A Other portfolio income (loss) B Involuntary conversions C Sec. 1256 contracts & straddles D Mining exploration costs recapture E Cancellation of debt F Other income (loss)	See the Partner's Instructions See the Partner's Instructions Form 6781, line 1 See Pub. 535 Form 1040, line 21 or Form 982 See the Partner's Instructions See the Partner's Instructions					
12. <b>Section 179 deduction</b>		See the Partner's Instructions					
13. <b>Other deductions</b>							
	A Cash contributions (50%) B Cash contributions (30%) C Noncash contributions (50%) D Noncash contributions (30%) E Capital gain property to a 50% organization (30%) F Capital gain property (20%) G Contributions (100%) H Investment interest expense I Deductions-royalty income J Section 59(e)(2) expenditures K Deductions-portfolio (2% floor) L Deductions-portfolio (other) M Amounts paid for medical insurance	See the Partner's Instructions					
	N Educational assistance benefits O Dependent care benefits P Preproductive period expenses Q Commercial revitalization deduction from rental real estate activities R Pensions and IRAs S Reforestation expense deduction T Domestic production activities information U Qualified production activities income V Employer's Form W-2 wages W Other deductions		Form 4952, line 1 Schedule E, line 18 See the Partner's Instructions Schedule A, line 23 Schedule A, line 28 Schedule A, line 1 or Form 1040, line 29 See the Partner's Instructions Form 2441, line 14 See the Partner's Instructions See Form 8582 Instructions See the Partner's Instructions See the Partner's Instructions See Form 8903 instructions Form 8903, line 7 Form 8903, line 15 See the Partner's Instructions				
	X Other deductions						
14. <b>Self-employment earnings (loss)</b>							
	A Net earnings (loss) from self-employment B Gross farming or fishing income C Gross non-farm income	Schedule SE, Section A or B See the Partner's Instructions See the Partner's Instructions					
15. <b>Credits</b>							
	A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings B Low-income housing credit (other) from pre-2008 buildings C Low-income housing credit (section 42(j)(5)) from post-2007 buildings D Low-income housing credit (other) from post-2007 buildings E Qualified rehabilitation expenditures (from real estate) F Other rental real estate credits G Other rental credits H Undistributed capital gains credit I Alcohol and cellulosic biofuel fuels credit	See the Partner's Instructions See the Partner's Instructions Form 8586, line 11 Form 8586, line 11 See the Partner's Instructions See the Partner's Instructions Form 1040, line 68; check box a Form 6478, line 9					

TRANSMITTAL FORM FOR LEGISLATION

TO: MAYOR'S OFFICE

ATTN: GREG PRIDGEON

Dept.'s Legislative Liaison: LaShawn Gardiner

Contact Number: (404) 330-6449

Originating Department: Department of Finance

Committee(s) of Purview: Finance/Executive Committee

Chief of Staff Deadline: January 12, 2010

Anticipated Committee Meeting Date(s): Jan. 26-27, 2010

Anticipated Full Council Date: Feb. 1, 2010

Legislative Counsel's Signature: Jack Tilson

Commissioner Signature: \_\_\_\_\_

Chief Procurement Officer Signature: \_\_\_\_\_

CAPTION

A RESOLUTION AUTHORIZING THE CHIEF FINANCIAL OFFICER TO REFUND SIXTEEN THOUSAND NINE HUNDRED SIXTY THREE DOLLARS AND FIFTY FIVE CENTS (\$16,963.55) TO ASCEND JOINT VENTURE, LLC FOR AN OVERPAYMENT OF BUSINESS LICENSE FEES TO THE CITY OF ATLANTA. ALL FUNDS SHALL BE CHARGED TO AND PAID FROM FDOA 1001 (General Fund) 200301 (Dept. NDP Unallocated -Citywide Employee Expenses) 5730012 (Account Refunds) 1540000 (Function Activity-Human Resources); AND FOR OTHER PURPOSES.

FINANCIAL IMPACT (if any):

Mayor's Staff Only

Received by CPO: \_\_\_\_\_

(date)

Received by LC from CPO: \_\_\_\_\_

(date)

Received by Mayor's Office: 1.13.10

(date)

Reviewed by: [Signature]

(date)

Submitted to Council: \_\_\_\_\_

(date)